

CITY OF MILPITAS

City Streets, Parks, and Facilities Naming Suggestion Form

Please include relevant information and fill out all blanks in a clear legible manner. Forms with incomplete or missing information may limit their consideration. Submit form to the City Clerk.

General:

Request submitted by: _____
Nominator's Name (first, last) Date

Nominator's Address (No., street, State, zip code) Phone Numbers

I request that _____ name be
considered

Nominee's Full Name or Word (as applicable)

when naming a City STREET, PARK, BUILDING, or other FACILITY _____
Circle one or more (as applicable)

Information about Nominee:

Date of Birth "Alive" or Date Deceased Original Home Address Later Home Address (if applicable)

Major Occupation(s) Original Business Address Later Business Address (if applicable)

Veteran's Status (if applicable): Branch of Military Service, Rank, Service Years War, Conflict Battle, or Theatre Honors

Background:

Briefly describe why this nominee should be honored. Describe historical information, Veteran's status, significant service to the community, special contribution to arts, sciences, humanities, literature, athletics, or other notable accomplishments, or other relevant information. Attach separate sheet if necessary.

What is your (nominator's) relationship to the nominee? (Relative, co-worker, friend, associate, etc.)
